# United States District Court

CHARLOTTE, NC

AUG 2 6 2024

for the District of US DISTRICT COURT WESTERN DISTRICT OF NO Division 3:24-cv-777- MR Case No. (to be filled in by the Clerk's Office) (Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.) Walden W Defendant(s) (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

# COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

# NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

Page 1 of 11

# I. The Parties to This Complaint

# A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Anthony Bussie
All other names by which	
you have been known:	
ID Number	64105-050
Current Institution	Federal Medical Center
Address	P.O. BOX 1600
	Butver NC 27509
	City State Zip Code

# B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1				
Name	Walden Weaver			
Job or Title (if known)	Forensik Evaluator			
Shield Number	None			
Employer	Federal Medical Center			
Address	P.O. BOX 1600			
	Butner NC 27509 City State Zip Code			
	Individual capacity Official capacity			
Defendant No. 2				
Name Dr Robert Glucking				
Job or Title (if known)	Forensic Evaluator			
Shield Number	None			
Employer	Federal Medizgl Center (FMC)			
Address	P.O. BOX 1600			
	Butner NC 27509			
	City State Zip Code			
	Individual capacity Official capacity			

		Defendant No. 3	Tillibrant
		Name	U. Halbsqui
		Job or Title (if known)	Forensic Evalutor
		Shield Number	None
		Employer	FMC
		Address	P.O. BOX 1600
			Botner NC 37509 City State Zip Code
			Individual capacity Official capacity
		Defendant No. 4	
		Name	R, Kach
		Job or Title (if known)	Foresk Evaluator
		Shield Number	None
		Employer	P.O. BOX (600
		Address	Butiner NC 27509
			City State Zip Code
			Individual capacity Official capacity
П.	Basis	for Jurisdiction	
	Fede		nd [federal laws]." Under Bivens v. Six Unknown Named Agents of 88 (1971), you may sue federal officials for the violation of certain eck all that apply):
		Federal officials (a Bivens c	laim)
		State or local officials (a § 1	983 claim)
	В.	the Constitution and [federal law	ing the "deprivation of any rights, privileges, or immunities secured by s]." 42 U.S.C. § 1983. If you are suing under section 1983, what right(s) do you claim is/are being violated by state or local officials?
	C.	are suing under <i>Bivens</i> , what con officials?	y only recover for the violation of certain constitutional rights. If you stitutional right(s) do you claim is/are being violated by federal
		Violated a civil	committeent because I am
		not soltable for:	probation release, conviction,
		sentence of, pa	role, or other. Page 3 of 11

(5)	G. Wadswarth Forensic Evualuator None Fmc, Po. Box 1600, Butner, NC 27509
6	E. Picard Forensic Evaluator None Emz-Butner, NC 27509
0	R. Cochrance Forensic Evaluator None Fmc-Butner, NC 37509
(B)	

Document 1

Case 3:24-cv-00777-MR

Filed 08/26/24 Page 4 of 13

Page 4 of 11

sentance parale and other criminal releases.

- C. What date and approximate time did the events giving rise to your claim(s) occur?

  () Armual risk assessment; once a year in April
  (3) 4/12 to 4/24
- D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

  Tidge (D), (BO), (FL) in (EDNC) argued criminal charges are dropped;

  Bussie is not a prisoner defined as prisoner and poor Advancey

  General custody

# V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Here I allege harassment, tortue, Kichnapping, Slavery to suffer on loss of freedom, loss of enjoyments, headaches, "Pain in the ass"

### VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

A supreme caselaw of the land in dissmissing this case

# U.S. District Court District of New Jersey [LIVE] (Camden) CRIMINAL DOCKET FOR CASE #: 1:12-cr-00229-RMB-1 Internal Use Only

Case title: USA v. BUSSIE

Date Filed: 04/03/2012

Magistrate judge case number: 1:12-mj-02019-JS

11

Date Terminated: 04/16/2015

Assigned to: Judge Renee Marie Bumb

# Defendant (1)

ANTHONY MICHAEL BUSSIE

TERMINATED: 04/16/2015

represented by ANTHONY MICHAEL BUSSIE

#64105-050
BUTNER
FEDERAL MEDICAL CENTER
Inmate Mail/Parcels
P.O. BOX 1600
BUTNER, NC 27509
PRO SE

THOMAS J. YOUNG

OFFICE OF THE FEDERAL PUBLIC DEFENDER
800-840 COOPER STREET
SUITE 350
CAMDEN, NJ 08101
(856) 757-5341
Email: thomas\_young@fd.org
ATTORNEY TO BE NOTICED

Designation: Public Defender or Community Defender Appointment

Pending Counts

None

**Disposition** 

<u>Highest Offense Level (Opening)</u>

None

18:115 and 2 THREATENING A MEMBER OF THE U.S.HOUSE OF REPRESENTATIVES

**Disposition** 

DISMISSED WITHOUT PREJUDICE

# VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A.	Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?
	X Yes
	☐ No
	If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).
В.	Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?
	Yes
	□ No
	Do not know
	Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?
	Yes
	No No
	Do not know
	If yes, which claim(s)?

D.	Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?
	Yes
	No
	If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?
	Yes
	No No
E.	If you did file a grievance: NA
	1. Where did you file the grievance?
	N/A
	2. What did you claim in your grievance?
	NA
	3. What was the result, if any?
	NA
	4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)
	R/A

VIII.

F.	ou did not file a grievance:		
	1. If there are any reasons why you did not file a grievance, state them here:		
	Not meant for Unit Team		
	2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:		
	this is for the court		
G.	Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.		
	(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)		
Previou	us Lawsuits		
the filing brought malicio	ree strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying ag fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, us, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent of serious physical injury." 28 U.S.C. § 1915(g).		
To the l	best of your knowledge, have you had a case dismissed based on this "three strikes rule"?		
Ye	rs · · · · · · · · · · · · · · · · · · ·		
No			
If yes, s	state which court dismissed your case, when this occurred, and attach a copy of the order if possible.		

Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?			
¥	Yes		
	No		
	our answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is re than one lawsuit, describe the additional lawsuits on another page, using the same format.)		
1.	Parties to the previous lawsuit		
	Plaintiff(s)		
	Defendant(s)		
2.	Court (if federal court, name the district; if state court, name the county and State)		
3.	Docket or index number		
4.	Name of Judge assigned to your case		
5.	Approximate date of filing lawsuit		
6.	Is the case still pending?		
	Yes		
	No		
	If no, give the approximate date of disposition.		
7.	What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)		
	ve you filed other lawsuits in state or federal court otherwise relating to the conditions of your prisonment?		

Page 9 of 11

Pro Se 14 (Rev. 12/16) C	omplaint for Violation of Civil Rights (Prisoner)
Z	Yes
	No
D. If	your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is ore than one lawsuit, describe the additional lawsuits on another page, using the same format.)
1	Parties to the previous lawsuit  Plaintiff(s)  Defendant(s)
, 2	Court (if federal court, name the district; if state court, name the county and State)
3	. Docket or index number
4	. Name of Judge assigned to your case
5	. Approximate date of filing lawsuit
6	Is the case still pending?  Yes  No  If no, give the approximate date of disposition
7	. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

# IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

# A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case—related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

	Date of signing: $7-17-34$				
	Signature of Plaintiff Printed Name of Plaintiff Prison Identification # Prison Address	Constrong Bassie Anthony Bussie 64105-050 Federal Medic Butner		27509 Zip Code	
В.	For Attorneys				
	Date of signing:				
	Signature of Attorney				
	Printed Name of Attorney	·			
	Bar Number				
	Name of Law Firm		`		
	Address				
		City	State	Zip Code	
	Telephone Number				
	E-mail Address				